

Fauquier County Circuit Court
Supplemental Questionnaire COVID-19

The purpose of this questionnaire is to screen for the safety of jury participation by disclosing potential COVID-19 symptoms and/or high-risk vulnerabilities which may result in either a deferral from jury duty to a later time or being excused from jury duty altogether.

Please answer the following questions and click submit at the bottom of the form. Questions may be directed to the clerk's office specifically by calling the following number (540) 422-8111.

Individuals who are, or might be, at increased risk of severe COVID-19 may request a deferral of your jury service at this time. This includes individuals age 65 years old or older.

1. In the last 14 days, have you or a member of your household been diagnosed or tested positive for COVID-19? ☐ yes ☐ no
2. Are you currently awaiting any test results concerning COVID-19? ☐ yes ☐ no
3. In the last 14 days, have you or a member of your household had any contact with a person who has been diagnosed with or tested positive for COVID-19? ☐ yes ☐ no
4. Have you experienced any new cold or flu-like symptoms, that you cannot attribute to another health condition, in the last 14 days, such as (check symptoms that may apply):

<input type="checkbox"/> Fever or chills <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Headache	<input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Sore throat <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Diarrhea
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5. Have you recently (within the last 12 months) traveled internationally? ☐ yes ☐ no
 - a. If "yes," when did you return? _____
6. Have you or a member of your household been advised or required to quarantine, isolate, or self-monitor for any health condition. ☐ yes ☐ no
 - a. If "yes," please explain? _____
7. Are you an essential health care worker? ☐ yes ☐ no
 - a. If so, in what capacity? _____
 - b. In what location? _____
8. Do you have a condition or circumstance that creates "high-risk" or vulnerability to COVID-19 such as (check all that apply):
 - ☒ People aged 65 years and older
 - ☐ People who live in a nursing home or long-term care facility
 - ☐ People with chronic lung disease or moderate to severe asthma
 - ☐ People who have serious heart conditions
 - ☐ People who are immunocompromised
(Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications)
 - ☐ People with severe obesity (body mass index [BMI] of 40 or higher)
 - ☐ People with diabetes
 - ☐ People with liver disease

Check and complete the appropriate statements below if you wish to claim an exemption:

☐ I would like to request a COVID-19 related deferral of my jury service at this time as one or more conditions of vulnerability or high-risk apply to me:

(Explain): _____

OR

☐ I would like to request an exemption from jury service for the following reason:
I am necessarily and personally responsible during normal court hours for providing the continuous care required for

☐ (i) a child or children age 16 or younger of whom I have legal custody,

Or

☐ (ii) a person having a physical or mental impairment.

I declare under penalty of perjury that all of the foregoing information provided by me is true and correct:

Signature

Date